

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE**ORIGINAL**Millard E. Price

Plaintiff

V.

Michael E. DeLoe, Warden

Defendant(s)

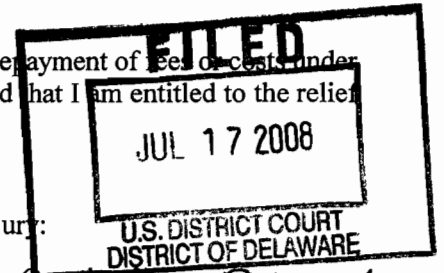
APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

18 - 444

I, Millard E. Price declare that I am the (check appropriate box)☒ Petitioner/Plaintiff/Movant ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.



In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2) *ID scanned*If "YES" state the place of your incarceration Delaware Correctional CenterInmate Identification Number (Required): 441452Are you employed at the institution? No Do you receive any payment from the institution? NoAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

DECEMBER 2007 \$600/wk

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)
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4. Do you have any cash or checking or savings accounts? •• Yes ☒ No

If "Yes" state the total amount \$ N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☒ Yes •• No

If "Yes" describe the property and state its value.

400 E. MARKET ST., GREENWOOD, DE 19950 (Residence)
\$200,000

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

N	M. F.	> \$300/mo.
Q	W. F.	
A	L. V.	- \$165./mo.

I declare under penalty of perjury that the above information is true and correct.

7-8-2008

DATE

Millard S. F.

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

Printed: 6/6/2008

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Average Daily Balance For Pauper Filing
For Days the Individual was in Residence at SCI from 4/9/2008 through 5/31/2008

SBI: 00441452**NAME: PRICE, MILLARD E III**

<i>Date</i>	<i>Balance</i>
04/09/2008	\$0.32
04/10/2008	\$50.32
04/11/2008	\$50.32
04/12/2008	\$50.32
04/13/2008	\$50.32
04/14/2008	\$50.32
04/15/2008	\$50.32
04/16/2008	\$50.32
04/17/2008	\$50.32
04/18/2008	\$100.32
04/19/2008	\$100.32
04/20/2008	\$100.32
04/21/2008	\$100.32
04/22/2008	\$100.32
04/23/2008	\$85.20
04/24/2008	\$85.20
04/25/2008	\$85.20
04/26/2008	\$85.20
04/27/2008	\$85.20
04/28/2008	\$85.20
04/29/2008	\$85.20
04/30/2008	\$81.20
05/01/2008	\$81.20
05/02/2008	\$81.20
05/03/2008	\$81.20
05/04/2008	\$81.20
05/05/2008	\$81.20
05/06/2008	\$81.20
05/07/2008	\$49.01
05/08/2008	\$49.01
05/09/2008	\$49.01
05/10/2008	\$49.01
05/11/2008	\$49.01
05/12/2008	\$49.01
05/13/2008	\$49.01
05/14/2008	\$31.87
05/15/2008	\$31.87
05/16/2008	\$31.87
05/17/2008	\$31.87
05/18/2008	\$31.87
05/19/2008	\$31.87
05/20/2008	\$31.87
05/21/2008	\$36.72
05/22/2008	\$36.72
05/23/2008	\$36.72
05/24/2008	\$36.72
05/25/2008	\$36.72
05/26/2008	\$36.72

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Average Daily Balance For Pauper Filing
For Days the Individual was in Residence at SCI from 4/9/2008 through 5/31/2008

SBI: 00441452**NAME: PRICE, MILLARD E III**

<i>Date</i>	<i>Balance</i>
05/27/2008	\$36.72
05/28/2008	\$10.47
05/29/2008	\$8.47
05/30/2008	\$8.47
05/31/2008	\$8.47

Summary for 'SBI' = 00441452 (53 detail records)

Average Daily Balance: \$55.25

Prior Month -- Individual Statement

Date Printed: 6/6/2008

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For Month of April 2008

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.00
00441452	PRICE	MILLARD	E	III		
Current Location:		PRE-TRIAL UNIT 5				

[illegible]

Prior Month -- Individual Statement

Date Printed: 6/6/2008

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For Month of May 2008

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$81.20
00441452	PRICE	MILLARD	E	III		
Current Location:		PRE-TRIAL UNIT 5				

Source	Name	Date	Deposit or Withdrawal Amount	Medical Hold	Non- Medical Hold	Deposit Hold	Balance
Commissary	MARIAN E PRICE	5/7/2008	(\$32.19)	\$0.00	\$0.00	\$0.00	\$49.01
Commissary		5/14/2008	(\$17.14)	\$0.00	\$0.00	\$0.00	\$31.87
Commissary		5/21/2008	(\$20.15)	\$0.00	\$0.00	\$0.00	\$11.72
Visit MO		5/21/2008	\$25.00	\$0.00	\$0.00	\$0.00	\$36.72
Commissary		5/28/2008	(\$26.25)	\$0.00	\$0.00	\$0.00	\$10.47
Copies		5/29/2008	\$0.00	\$0.00	(\$2.00)	\$0.00	\$10.47
Copies		5/29/2008	(\$2.00)	\$0.00	\$0.00	\$0.00	\$8.47
Ending Mth Balance:							\$8.47

**REQUEST FORM
FOR
INMATE ACCOUNT ACTIVITY STATEMENT**

Inmate Name: Price, Millard E SBI Number: 441452
(Last) (First) (M.I.)

Housing Unit: PT 5

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In accordance with Bureau of Prisons Procedure 5.4 entitled "In Forma Pauperis", please provide a summary of my account transactions.

Millard E Price
Inmate Signature

Judith Ann Lederman
Notary

Inmate Account Activity Statement will be processed only after staff verifies your legal documents are complete.

Date received by business office: RECEIVED
SCI Business Office
MAY 28 2008

JUDITH ANN LEDERMAN
NOTARY PUBLIC, STATE OF DELAWARE
My Commission Expires August 28, 2009

INMATE ACCOUNT STATEMENT

TO: Inmate Name: PRICE, Millard E.
(Last) (First) (M.I.)
SBI Number: 441452
Housing Unit: 5

FR: Inmate Account Technician

DA:

RE: Summary Of Account

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Attached is your account statement for the six month period of 4/9, 2008
through 5/31, 2008.

Utilizing the calculation formula described in BOP Procedure 5.4, your average daily balance for this
period is \$ 55.25.

Attachment

Phyllis Redden
Notary

PHYLLIS REDDEN
Notary Public, State of Delaware
My Commission Expires Oct. 31, 2009